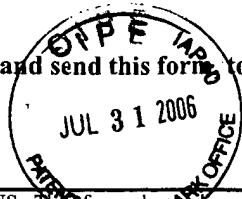


PART B - FEE(S) TRANSMITTAL

Complete and send this form together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

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05/02/2006

SUGHRUE, MION, ZINN, MACPEAK & SEAS, PLLC
 2100 Pennsylvania Avenue, N.W.
 Washington, DC 20037-3213

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/963,517	09/27/2001	Peter Irma August Barri	Q65970	1218

TITLE OF INVENTION: METHOD FOR SHARING INTERNAL EXCESS BANDWIDTH BETWEEN OUTPUT AND INPUT TERMINATION MODULES OF A SWITCHING NETWORK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/02/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
HYUN, SOON D	2616	370-413000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 SUGHRUE MION, PLLC
 2
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ALCATEL

PARIS, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name

David J. Cushing

Date

Registration No.

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